										Application or Docket Number					
	PATENT A	PPLICATIO				_	/ ~								
		Effect		<u> </u>	97	<u> </u>	635	9							
- · · · · · · · · · · · · · · · · · · ·										ITITY	00	OTHER			
(Column 1) (Column 2)								TYPE	<u></u>		AO I I	SMALL 8			
TOTAL CLAIMS								RAT	_	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	EE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS								XS 9= \\ \%.		18.	OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =					X43= 47		43	OR	X86=			
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					÷145	=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	Ĺ	446	ρR	TOTAL			
CLAIMS AS AMENDED - PART II												OTHER			
(Column 1) (Column 2)						(Column 3)		SMAI	.L.E	ENTITY	OR	SMALL			
AMENDMENT A	3/28/05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 12	Minus	- 2	2	= /	1	XS 9	=		OR	XS18=			
	Independent		Minus	***	4	- /]	X43:			OR	X86=			
٩	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	FELAIM	<u> </u>	1	+148	<u>_</u>		OR	+290=/			
								TO	TAL		OR	TOTAL			
									EE		10	ADDIT. FEE			
		(Column 1) CLAIMS		(Colu	mn 2) IEST	(Column 3)	ጎ		-	ADDI-	1		ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RAT	E	TIONAL FEE	ļ.	RATE	TIONAL FEE		
Z OME	Total	•	Minus	**		=		X\$ 9	=		OR	XS18=			
ME	Independent		Minus	***	T C) A()	-	4	X43	=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	 i=		OR	+290=			
								TO ADDIT.	TAL		OR	TOTAL			
				AUDI I.	ree		-	ADDIT: 1 C							
—ا		(Column 1) CLAIMS	T .		imn 2) HEST	(Column 3	"			ADDI-	7		ADDI-		
AMENDMENT C		REMAINING AFTER		PREV	MBER	PRESENT EXTRA		RAT	Έ	TIONAL		RATE	TIONAL		
	Total	AMENDMENT	Minus	PAIL	FOR	1=	1	X\$ 9)=	FEE	OR	X\$18=			
EN C	Independent		Minus			=	7			 	1	Y06-	1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDEN			IT CLAIN	<u> </u>	1	X43	=		OF	X80=				
┞								+145	5=		ОЯ				
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE OR ADDIT, FEE												E			
		imber Previously Fa inber Previously Pa	DOW EW, IN TH	IIS SPACE	ic loce th	an 3 enter 3.					ox in c				